

SUPPLEMENTAL INVESTIGATIVE DATA

CASE NO. _____

INSTRUCTIONS*DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS*

1. Answer all questions completely or check (x) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal or family records, write "unknown." Use the blank space on pages 5 and 6 for extra details on any question for which you do not have enough space.
2. Type or legible print an original plus two copies. All copies must bear an original signature. Note: We cannot accept your form if it is not legible.
3. Consider each of your answers carefully. Accurate completion of this form will permit review of your qualifications. Your signature at the end of the form will certify its correctness.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: Title 5 U.S.C. Section 301; Title 18 U.S.C. Section 3056; Executive Orders 10450, 12333, 12958 and 12968, Treasury Department Publication 71.10 and Title 31 C.F.R. Section 2.1.

The purpose of the information is to provide a basis for determining employment suitability and eligibility for access to classified documents. The information will be used to fulfill legal record keeping requirements and for referral to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary and failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, Title 5, of the USC, Section 552.

SECTION 1**APPLICANT - GENERAL PERSONAL AND PHYSICAL DATA**

1. FULL NAME (LAST, FIRST, MIDDLE) STATE ANY OTHER NAMES EVER USED (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED)				2. SOCIAL SECURITY NUMBER	
3. CURRENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)				4. CURRENT PHONE NO. AREA CODE _____ PHONE NO. _____	
5. PERMANENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)				6. PERMANENT PHONE NO. AREA CODE _____ PHONE NO. _____	
7. OFFICE PHONE NO. AREA CODE _____ PHONE NO. _____		8. OFFICE EXTENSION		9. LEGAL RESIDENCE (STATE, TERRITORY OR COUNTRY)	
10. AGE	11. SEX	12. HEIGHT	13. WEIGHT	14. BUILD	15. COLOR EYES
17. DATE OF BIRTH		18. PLACE OF BIRTH (CITY, STATE, COUNTRY)			16. COLOR HAIR
19. PRESENT CITIZENSHIP (COUNTRY)		20. OTHER THAN U.S. CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. GIVE PARTICULARS CONCERNING PREVIOUS CITIZENSHIPS AS TO COUNTRY AND DATE		22. DO YOU HAVE 20/20 VISION UNCORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. DO YOU HAVE 20/20 CORRECTED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. DO YOU HAVE 20/60 VISION OR BETTER, UNCORRECTED (SNELLEN)? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. DO YOU HAVE 20163 VISION, OR BETTER, UNCORRECTED (BAILEY LOVIE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 2**SELECTIVE SERVICE/ MILITARY SERVICE RESERVE STATUS**

1. PLACE OF REGISTRATION (CITY AND STATE)		2. REGISTRATION DATE	3. BRANCH OF SERVICE (IF APPLICABLE)
4. DATE RETIRED OR DISCHARGED		5. RESERVE STATUS <input type="checkbox"/> NONE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED	
6. RESERVE BRANCH OF SERVICE		7. DATE ENTERED	8. PLACE ENTERED
9. DATE RETIRED OR DISCHARGED	10. SERIAL NO.	11. RANK	
12. CURRENT LOCATION OF MILITARY RECORDS		13. CURRENT LOCATION OF MILITARY MEDICAL RECORDS	

APPLICANT'S INITIALS _____

SECTION 3

MARITAL STATUS AND SPOUSE COHABITANT / FIANCE INFORMATION

1. PRESENT STATUS (SINGLE ENGAGED, MARRIED, SEPARATED, DIVORCED, WIDOWED, COHABITING). CIRCLE ANSWER. IF YOU HAVE BEEN MARRIED MORE THAN ONCE (INCLUDING ANNULMENTS) FURNISH DETAILS IN SECTION 10.

2. STATE DATE PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS. IF EVER DIVORCED OR SEPARATED, FURNISH DETAILS IN SECTION 10 AS TO NAME AND ADDRESS OF DIVORCED OR SEPARATED SPOUSE. NAMES AND ADDRESSES OF ANY ATTORNEYS, AND DATE, CIRCUMSTANCES AND DISPOSITION.

THE FOLLOWING INFORMATION PERTAINS TO
WIFE, HUSBAND, FIANCE, COHABITANT, FORMER WIFE, FORMER HUSBAND, FOR ITEMS 3 THRU 25. (CIRCLE ONE)

3. NAME (LAST, FIRST, MIDDLE)			4. SOCIAL SECURITY NO.	
5. STATE ANY OTHER NAMES EVER USED BY PERSON (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED).				
INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH ANY NAMES NOTED IN ITEM 5 ABOVE WERE USED. IF LEGALLY CHANGED, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). RECORD THIS INFORMATION IN SECTION 10.				
6. DATE OF BIRTH		7. PLACE OF BIRTH (CITY, STATE, COUNTRY)		8. DATE OF MARRIAGE / COHABITATION
9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)				10. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
11. CITIZENSHIP		12. FORMER CITIZENSHIP(S) (COUNTRY(IES))		13. IF ALIEN, ALIEN REGISTRATION NO.
14. DATE U.S. CITIZENSHIP ACQUIRED		15. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
18. DATE OF DEATH		19. CAUSE OF DEATH		
20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)			21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.	
22. OCCUPATION/ POSITION		23. PRESENT EMPLOYER		24. ANNUAL SALARY OR EARNINGS
25. EMPLOYER - BUSINESS ADDRESS (NUMBER, STREET, CITY, COUNTRY)				

SECTION 4

PARENTS, CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR PARENTS AND ALL CHILDREN (BY BIRTH, ADOPTION, MARRIAGE) AND OTHER DEPENDENTS.

FULL NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	CURRENT ADDRESS
2. NO. OF CHILDREN (INCLUDE STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			3. NO. OF OTHER DEPENDENTS (E.G. SPOUSE, PARENTS, STEPPARENTS, ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT OR CHILDREN OVER 21 NOT SELF-SUPPORTING.	

SECTION 5

OTHER RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) ARE NOT U.S. CITIZENS OR (2) WORK FOR A FOREIGN GOVERNMENT

1	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT
2	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT
3	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT

SECTION 6

NEIGHBOR REFERENCES (LIST TWO NEIGHBORS AT YOUR CURRENT LOCATION WHO KNOW YOU)

NAME (LAST, FIRST, MIDDLE)	SEX	COMPLETE BUSINESS ADDRESS (NO., STREET, CITY, STATE)	COMPLETE RESIDENCE ADDRESS (NO., STREET, CITY, STATE)	NO. OF YEARS KNOWN
	M	ADDRESS	ADDRESS	
	F	AREA CODE PHONE NO.	AREA CODE PHONE NO.	
	M	ADDRESS	ADDRESS	
	F	AREA CODE PHONE NO.	AREA CODE PHONE NO.	

SECTION 7

INCOME TAX STATUS

1. FEDERAL INCOME TAX RETURNS WERE FILED FOR EACH OF THE PAST 3 YEARS AS FOLLOWS:

FOR YEAR	I.R.S. COLLECTION DISTRICT	NAMES ON RETURN	ADDRESS ON RETURN

2. IF NO RETURNS WERE FILED FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM.

☐ NOT APPLICABLE ☐ SEE SECTION 10

3. IF SPOUSE FILED SEPARATE RETURN FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM AS TO DISTRICT IN WHICH FILED AND NAME AND ADDRESS USED ON RETURN.

☐ NOT APPLICABLE ☐ SEE SECTION 10

4. IF SPOUSE HAD INCOME DURING THE 3 YEAR PERIOD, STATE BRIEFLY IN SECTION 10 OF THIS FORM AS TO SOURCE AND AMOUNT OF INCOME DURING THAT PERIOD.

☐ NOT APPLICABLE ☐ SEE SECTION 10

SECTION 8

FINANCIAL INFORMATION

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☐ YES ☐ NO

2. IF YOUR ANSWER IS NO TO THE ABOVE, STATE SOURCES OF OTHER INCOME.

3. COMPLETE THE FOLLOWING FINANCIAL STATEMENT, USING DOLLAR AMOUNTS IN THE APPROPRIATE COLUMNS, DESIGNATING JOINT ASSETS AND LIABILITIES WHERE APPLICABLE.

		TOTAL AMOUNT	JOINT	PERSONAL
ASSETS	CASH ON HAND			
	CASH IN BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> SAFE DEPOSIT (CHECK APPROPRIATE BLOCK(S))			
	STOCKS AND BONDS (PRESENT MARKET VALUE)			
	REAL ESTATE (ESTIMATED MARKET VALUE)			
	INSURANCE VALUE (I.E. WHAT YOU WOULD RECEIVE IF YOU LIQUIDATED POLICY-NOT FACE VALUE)			
	AUTOMOBILES (ESTIMATED MARKET VALUE)			
	PERSONAL EFFECTS (FURNITURE, JEWELRY, ETC. - MARKET VALUE)			
	OTHER ASSETS - SPECIFY:			
	TOTAL ASSETS			
LIABILITIES	CURRENT OBLIGATIONS			
	NOTES PAYABLE, I.E. CAR LOAN, PERSONAL LOANS, ETC.			
	MORTGAGES PAYABLE			
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)			
	TOTAL LIABILITIES			
NET WORTH				

SECTION 9

PERSONAL DECLARATIONS

ANSWER ITEMS 1 THROUGH 20 BY PLACING AN "X" IN THE PROPER COLUMN, IF ANY ANSWER IS -YES' GIVE EXPLANATION OR DETAILS IN SECTION 10.	YES	NO
1. HAVE YOU EVER BEEN INVOLVED IN ANY FORECLOSURE, BANKRUPTCY, RECEIVERSHIP PROCEEDINGS, CIVIL SUITS, JUDGMENTS?		
2. DO YOU HAVE ANY OUTSTANDING STATE OR LOCAL TAX OBLIGATIONS?		
3. ARE YOU NOW EMPLOYED BY OR SERVE AS AN OFFICER OF ANY POLITICAL ORGANIZATIONS?		
4. PROVISIONS OF THE HATCH ACT MAKE IT UNLAWFUL FOR YOU IF APPOINTED TO ANY POSITION IN THE FEDERAL SERVICE TO ENGAGE IN CERTAIN POLITICAL ACTIVITIES. ARE YOU ENGAGED AT PRESENT EITHER DIRECTLY OR INDIRECTLY IN ANY POLITICAL ACTIVITY OR ORGANIZATION?		
5. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST COMMUNIST OR SUBVERSIVE OR WHICH HAS ADOPTED OR SHOWS A POLICY ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		
6. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?		

SECTION 9

PERSONAL DECLARATIONS, CONTINUED FROM PAGE 4

	YES	NO
7. ARE YOU DIRECTLY OR INDIRECTLY CONNECTED WITH THE OPERATION OF ANY PRIVATE OR COMMERCIAL ENTERPRISE WHICH SELLS OR OTHERWISE CONTRACTS FOR INVESTIGATIVE SERVICES OF ANY KIND FOR PRIVATE INDIVIDUALS OR BUSINESS FIRMS?		
8. ARE THERE ANY INCIDENTS IN YOUR OWN BACKGROUND, OR THAT OF MEMBERS OF YOUR FAMILY, WHICH MIGHT COMPROMISE YOUR PERFORMANCE AS A SECRET SERVICE EMPLOYEE?		
9. HAVE YOU EVER BEEN THE SUBJECT OF ANY EMPLOYEE DISCIPLINARY ACTION?		
10. HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE?		
11. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO A POLICE DEPARTMENT?		
12. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO YOUR EMPLOYER, IN REGARD TO YOUR ON THE JOB OR OFF THE JOB CONDUCT?		
13. HAVE YOU EVER BEEN ARRESTED?		
14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?		
15. DO YOU USE ILLEGAL DRUGS?		
16. HAVE YOU EVER ILLEGALLY USED MARIJUANA?		
17. HOW MANY TIMES HAVE YOU ILLEGALLY USED MARIJUANA?		
18. WHEN DID YOU LAST ILLEGALLY USE MARIJUANA?		
19. HAVE YOU EVER ILLEGALLY USED SUCH ITEMS AS HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE (DO NOT INCLUDE MARIJUANA)? [CIRCLE WHICH DRUG(S)]		
20. HAVE YOU EVER FACILITATED THE TRANSACTION OF ILLEGAL DRUGS?		

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION MAY BE INVESTIGATED.

A FALSE ANSWER TO ANY QUESTION IN THIS FORM MIGHT BE GROUNDS FOR NOT EMPLOYING YOU OR FOR DISMISSING YOU AFTER YOU BEGIN WORK, AND MIGHT BE PUNISHABLE BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SEC. 1001). ALL STATEMENTS OR INFORMATION YOU GIVE ARE SUBJECT TO INVESTIGATION.

CERTIFICATION: I CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT	DATE SIGNED	
SIGNATURE OF WITNESS (U.S. SECRET SERVICE EMPLOYEE ONLY)	OFFICE ASSIGNED	DATE SIGNED

SECTION 10

EXTRA DETAILS

USE THE FOLLOWING SPACE FOR EXTRA DETAILS. REFERENCE EACH CONTINUED ITEM BY THE SECTION AND ITEM NUMBER TO WHICH IT RELATES AND SIGN YOUR NAME AT THE END OF SECTION 10.

SECTION #	ITEM #

SPACE FOR **EXTRA DETAILS** CONTINUED ON PAGE 6.

SIGNATURE

APPLICANT'S INITIALS _____

SPACE FOR EXTRA DETAILS (CONTINUED) - REFERENCE EACH CONTINUED ITEM BY SECTION AND ITEM NUMBER
IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THIS PAGE AND SIGN EACH SUCH PAGE.

[illegible]

PUBLIC BURDEN INFORMATION

The estimated average burden associated with this collection of information is 1 hour per respondent or record keeper. Comments and or suggestions concerning the accuracy of this burden estimate and for reducing this burden should be directed to the U. S. Secret Service, Policy Analysis & Records Systems Branch, RM 670, 131 O L. Street, N. W. Washington, DC 20005; and to the Office of Management and Budget, Paperwork Reduction Project (1555-0001), Washington, DC 20503.

SIGNATURE

APPLICANT'S INITIALS _____